

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025775

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6626

STATE FILE NUMBER

FILED JUN 28 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Luke's Hospital

Length of stay in 1b

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

2207 Keokuk

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Anna

Middle

Mae

Last

Curtis

4. DATE
OF
DEATH

Month

June

Day

24

Year

1963

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-13-1925

9. AGE (last birthday)

38

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurses Aid

10b. KIND OF BUSINESS OR INDUSTRY

Missouri

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James E. Cain

13b. MOTHER'S MAIDEN NAME

Evelyn L. Price

14. NAME OF HUSBAND OR WIFE

Roy Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

45

17. INFORMANT

Address

Mr. Roy Curtis 2207 Keokuk

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Monocytic Leukemia

INTERVAL BETWEEN
ONSET AND DEATH

4 mo.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

204.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1, 1963 to June 23, 1963 and last saw her alive on June 23, 1963
Death occurred at 11:27 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

McLaughlin 2301 Lafayette Ave.
St. Louis, Mo.

JUN 25 1963

Neal Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

2 22 49

3

4 1

5 1

6

7 0

8 2

9

10

11

12 81-0

13

81

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No. 550

P. O. Address

H. L. Laine, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.